



Application for Change/Transfer of Water Right

KITT-13-04



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	04252013
CHECK NO. <u>Q</u>	FEE \$ <u>Q</u>
DATE ACCEPTED	05/01/2013 BY <u>DS</u>
CHANGE NO.	CS4-01832569
COUNTY	KITTITAS WRIA <u>39</u>
SPECIAL AREA	SUB 9 WILSON-MARTIN
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME Ronald and Toni Carlson	PHONE NO. 509.925.4379	FAX NO.
ADDRESS 661 Carlson Road		
CITY Ellensburg	STATE WA	ZIP CODE 98926
EMAIL ADDRESS (IF AVAILABLE) toniron47@hotmail.com		

CONTACT (IF DIFFERENT FROM ABOVE) Lawrence E. Martin and Paul C. Dempsey Halverson NW Law Group	PHONE NO. 509.248.6030	FAX NO. 509.453.6880
ADDRESS P.O. Box 22550		
CITY Yakima	STATE WA	ZIP CODE 98907
EMAIL ADDRESS (IF AVAILABLE) lmartin@halversonnw.com pdempsey@halversonnw.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Ron G. Carlson and Toni D. Carlson	PHONE NO. 509.925.4379	FAX NO.
ADDRESS 661 Carlson Road		
CITY Ellensburg	STATE WA	ZIP CODE 98926
EMAIL ADDRESS (IF AVAILABLE) toniron47@hotmail.com		

2. Water Right Information

Cover CS4 01832
SUB 9 WILSON-MARTIN
06-30-1891
CR = 54-84198-J

CS4-01832569

KITT-13-04

WATER RIGHT OR CLAIM NUMBER <i>Acquavella Court Claim No. 01832</i>	RECORDED NAME(S) <i>Ron G. Carlson and Toni D. Carlson</i>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

See attached Exhibit 1 – Google Earth aerial photography, with POU highlighted (06/2003, 07/2005, 06/2009 and 09/2011)

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE: <i>Wilson-Naneum</i>	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<i>Carlson Ditch</i>	<i>1</i>	<i>SW</i>	<i>NW</i>	<i>28</i>	<i>19 N.</i>	<i>19 E.</i>	<i>358434</i>	

B. Proposed

SOURCE: <i>Wilson-Naneum</i>	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<i>Carlson Ditch</i>	<i>1</i>	<i>SW</i>	<i>NW</i>	<i>28</i>	<i>19 N.</i>	<i>19 E.</i>	<i>358434</i>	
<i>Adams Ditch</i>	<i>2</i>	<i>SW</i>	<i>NW</i>	<i>28</i>	<i>19 N.</i>	<i>19 E.</i>	<i>358434</i>	
<i>Keister-Bull Ditch</i>	<i>3</i>	<i>NW</i>	<i>SW</i>	<i>28</i>	<i>19 N.</i>	<i>19 E.</i>	<i>358434; 388434</i>	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?	
EXISTING: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROPOSED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: <i>Allen Aronica – Parcel Nos. 358434; 388434</i>

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>Irrigation and stock water</i>	<i>2.0 cfs</i>	<i>600</i>	<i>May and June</i>
<i>“ “</i>	<i>1.60 cfs</i>		<i>April and July 1 – October 15</i>
<i>Off-season stock water</i>	<i>1.60 cfs</i>	<i>5</i>	<i>October 16 – March 31</i>

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>Irrigation and stock water</i>	<i>2.0 cfs</i>	<i>600</i>	<i>May and June</i>
<i>“ “</i>	<i>1.60 cfs</i>		<i>April and July 1 – October 15</i>
<i>Off-season stock water</i>	<i>1.60 cfs</i>	<i>5</i>	<i>October 16 – March 31</i>

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
<i>Applicants’ property: E ½ E ½ of Section 33 and the W ½ W ½ of Section 34, ALL in T. 19 N., R. 19 E.W.M.</i>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #s	# OF ACRES
		<i>33 and 34</i>	<i>19 N.</i>	<i>19 E.W.M.</i>	<i>Kittitas</i>	<i>658534; 668534; 678534; 688534; 598534</i>	<i>Irrigation of 160 acres within approx. 300 acre POU</i>
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
<i>Applicants’ property: E ½ E ½ of Section 33 and the W ½ W ½ of Section 34, ALL in T. 19 N., R. 19 E.W.M.</i>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		<i>33 and 34</i>	<i>19 N.</i>	<i>19 E.W.M.</i>	<i>Kittitas</i>	<i>658534; 668534; 678534; 688534; 598534</i>	<i>Irrigation of 160 acres within approx. 300 acre POU</i>
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

See attached Exhibit 2.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

Applicants have a single approved point of diversion from Wilson-Naneum Creek (Carlson Ditch) under the subject claim. The evidentiary record in the *Acquavella* adjudication makes clear, however, that applicants have a longstanding history of diverting water at two additional Creek locations (Adams Ditch and Keister-Bull Ditch), both of which are located downstream from Carlson Ditch. See attached Exhibit 3, the August 26, 1988, *Subbasin No. 9 Investigation Report* for the subject Claim No. 01382, which confirms use by the Applicants of all three ditches/PODs. Applicants failed to specify either Adams or Keister-Bull Ditch as PODs in their original *Acquavella* claim and did not thereafter timely amend such claim. Accordingly, the *Acquavella* Court ultimately allowed only Carlson Ditch as an approved POD.

On April 11, 2013, the Court entered an Order *pendente lite* approving, on a temporary basis, the addition of Adams and Keister-Bull Ditches as additional PODs under the subject claim. See attached Exhibit 4. By this application, the Applicants seek permanent administrative approval to add Adams and Keister-Bull Ditches as additional PODs.

POD 1 Carlson Ditch: 1050 feet north and 550 feet east from the west quarter corner of Section 28, within the SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 28, T. 19 N., R. 19 E.W.M.

POD 2 (proposed) Adams Ditch: 150 feet north and 600 feet east of the west quarter corner of Section 28, being within the SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 28, T. 19 N., R. 19 E.W.M.

POD 3 (proposed) Keister-Bull Ditch: 1050 feet south and 550 feet east from the west quarter corner of Section 28, being within the NW $\frac{1}{4}$ SW $\frac{1}{4}$ of Section 28, T. 19 N., R. 19 E.W.M.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Ron G. Carlson
Applicant Printed Name – Title

Ron G Carlson
Applicant Signature

04/15/2013
(Date)

Toni D. Carlson
Applicant Printed Name – Title

Toni D. Carlson
Applicant Signature

04/15/2013
(Date)

Ron G. & Toni D. Carlson
Water Right Holder Printed Name

Ron G Carlson
Water Right Holder Signature

04/15/2013
(Date)

Ron G. & Toni D. Carlson
Land Owner of Existing Place of Use Printed Name

Ron G Carlson
Land Owner of Existing Place of Use Signature

04/15/2013
(Date)

Ron G. & Toni D. Carlson
Land Owner of Proposed Place of Use Printed Name
Please check the region in which the project is located:

Ron G Carlson
Land Owner of Proposed Place of Use Signature

04/15/2013
(Date)

*Submit your application to:

DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 47611
OLYMPIA, WA 98504-7611

☒ Central Regional Office
15 W Yakima Avenue, Suite 200
Yakima, WA 98902
(509) 575-2490

☐ Eastern Regional Office
4601 N. Monroe Street
Spokane, WA 99205-1295
(509) 329-3400

☐ Northwest Regional Office
3190 – 160th Avenue SE
Bellevue, WA 98008-5452
(425) 649-7000

☐ Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
(360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____